

Change form for Collective horse Insurance

EHWFC-011120

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Duty of Disclosure

The insurance agreement is governed by the law of the Netherlands.

You have a legal obligation to answer completely and truthfully all questions that we ask you prior to conclusion of the agreement. If it transpires that you have failed to fulfil or to fulfil completely your duty of disclosure, this may limit or even invalidate the entitlement to an insurance benefit. We have the right to cancel the insurance if you deliberately tried to mislead us or if we would not have approved the insurance had we known the true circumstances.

1. Policyholder

Effective/modification date.....	Customer number	Policy number.....
Name M/F	Date of birth	
Address	E-mail	
Zip code /city	Occupation / company	
Home telephone	You want insurance as a: <input type="checkbox"/> private individual	
Mobile phone	<input type="checkbox"/> business: Chamber of Commerce number	
IBAN number	BIC number.....	
I hereby voluntarily accept e-mail as one form of communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Details of horse/pony to be insured

01. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare Height by measuring stick

Stud book number Descent

Chip number Purpose Riding horse* Stud Trotting /Racing

*Riding horse = Recreation / Dressage / Jumping / Driving / Western

Insured value € Health declaration left with inspection Yes No

Insurance options

Hippo  Hippo  Hippo  Fire

02. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare Height by measuring stick

Stud book number Descent

Chip number Purpose Riding horse* Stud Trotting /Racing

*Riding horse = Recreation / Dressage / Jumping / Driving / Western

Insured value € Health declaration left with inspection Yes No

Insurance options

Hippo  Hippo  Hippo  Fire

03. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare Height by measuring stick

Stud book number Descent

Chip number Purpose Riding horse* Stud Trotting /Racing

*Riding horse = Recreation / Dressage / Jumping / Driving / Western

Insured value € Health declaration left with inspection Yes No

Insurance options

Hippo  Hippo  Hippo  Fire

04. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare Height by measuring stick

Stud book number Descent

Chip number Purpose Riding horse* Stud Trotting /Racing
*Riding horse = Recreation / Dressage / Jumping / Driving / Western

Insured value € Health declaration left with inspection Yes No

Insurance options

Hippo  Hippo  Hippo  Fire

05. Name horse Breed Color

Date of birth Sex Stallion Gelding Mare Height by measuring stick

Stud book number Descent

Chip number Purpose Riding horse* Stud Trotting /Racing
*Riding horse = Recreation / Dressage / Jumping / Driving / Western

Insured value € Health declaration left with inspection Yes No

Insurance options

Hippo  Hippo  Hippo  Fire

3. Modifications of the already insured horses

Name horse date modification

Name horse date modification

Name horse date modification

Name horse date modification

4. Sold horses

Name horse: date

Name horse: date

Name horse: date

Name horse: date

Name horse: date

Name horse: date

5. Health of the horse

Has any of the horses (recently) undergone a veterinary examination?

No Yes* Clinically, on (date)
 X-rayed on (date)

Is the horse in good health? (or have you observed any particular behaviour, such as eating poorly/slowly etc.)

Yes No, horse namely

Does the horse (with you and/or the previous owner) have or has had any ailments, diseases, symptoms and/or deficiencies?

No Yes , horse namely

Has the horse (with you and/or the previous owner) ever been seen or treated by a veterinarian, therapist and/or other veterinary professional?

No Yes , horse date(s) and cause(s):

Has the horse ever had surgery (with you and/or the previous owner)?

No Yes , horse namely

Has the horse ever shown behavioural problems/stable vices (with you and/or the previous owner)?



No Yes ⁱ, horse..... namely

Does the horse have allergies/summer eczema?

No Yes ⁱ, horse..... namely

ⁱ If you have answered yes to any of the questions above, please include medical examination report(s), X-rays and/or report (s)of responsible veterinarian(s)/therapist(s) and/or veterinary professional.

In the case of a mare:

Has your mare ever raised a foal? No Yes, horse..... in the year/years

Is your mare currently in foal? No Yes, horse..... through natural mating / art. insemination

Yes, horse..... through embryo transplant

Note. Concealing or withholding information may result in no entitlement to insurance benefits (see also Disclosure Obligation).

N.B. With a view to inspection by Hippo Horse Insurance, always complete and according to the current situation.

In the case of new horses to be insured, a copy of the registration certificate, which must be clearly legible, is sufficient. Please send with a signed application form in which any missing data have been filled in, with a reference to the annex.

Privacy statement

More information about our privacy statement can be found on our website HippoHorseInsurance.com

I, the undersigned, hereby declare that I have given full and true answers to the above questions.

I declare that I wish to enter into (an) insurance contract(s) providing cover as selected by me and set out in the General and Special Terms and Conditions.

I further declare that I shall accept the policy (drawn up in accordance with this application) and shall pay the premiums and costs owed for the policy.

I declare that I have been provided with a copy of the General and Special Terms and Conditions relating to the insurance(s) I apply for, that I accept the applicability thereof and that I have taken cognizance of said Terms and Conditions.

Insurance adviser:

Hippo Horse Insurance
client number:

Signature policyholder

Date City

Signature of Hippo Horse Insurance

Date